IPDR6702				NORTH CAROLINA		PAGE	: 1	
RUN DATE:	: 09/18/2005			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 09/20/2005				
			CF	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		0	0	*** NO DATA TO REPORT ***				
3404901	SMOKY MOUNTAINM	U	U	NO DATA TO REPORT				
	H/DD/SAS							
		0	0			0	0	0
3404904	WESTERN HIGHLAN	11	526	CLIENT NOT ELIGIBLE ON SERVICE				
	DS LME			DATE				
		8599	259	DETAIL NOT COVERED BY COMBINAT		867	16243	15376
				ION OF RECIPIENT, PROVIDER AND		307	10243	13370
				BENEFIT PACKAGE.				
		191	56	CLIENT ID NUMBER DOES NOT MATC				
		1	1	H PATIENT NAME				
3404910	DATUMAYO	10	49	DIAGNOSIS OR SERVICE INVALID F				
	PATHWAYS	1	+-	OR CLIENT AGE. VERIFY CID,				
			1	DIAGNOSIS, PROCEDURE CODE FOR				
		5404	10	SEVERE DUPLICATE: SAME ATTD PR	0	83	2849	2761
				OV/PCODE/TOS/DOS/MOD				
		11	2	CLIENT NOT ELIGIBLE ON SERVICE				
		11	,	DATE				
				2012				
3404912	CATAWBA COUNTYM	8599	57	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		4.40	-					
		143	5	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	2	64	1215	1151
				EDIGIBILITY FILE				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	11	8	CLIENT NOT ELIGIBLE ON SERVICE				
3404913	MECKLENBURG COM ENTAL HEALT	11	8	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404913		11	8					
3404913		11	8					
3404913		11	0		(8	8	0
3404913		0	0		C	8	8	0
3404913		0	0	DATE CLIENT NOT ELIGIBLE ON SERVICE	C	8	8	C
	ENTAL HEALT	0	0	DATE	C	8	8	C
	ENTAL HEALT CROSSROADS BEHA	0	0	DATE CLIENT NOT ELIGIBLE ON SERVICE	(8	8	C
	ENTAL HEALT CROSSROADS BEHA	11		DATE CLIENT NOT ELIGIBLE ON SERVICE DATE	C			
	ENTAL HEALT CROSSROADS BEHA	0	38	DATE CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED	C	8	8	
	ENTAL HEALT CROSSROADS BEHA	11		DATE CLIENT NOT ELIGIBLE ON SERVICE DATE	C			
	ENTAL HEALT CROSSROADS BEHA	11		DATE CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED	C			
	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL	11		DATE CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED	(
3404916	ENTAL HEALT CROSSROADS BEHA	0 11 7003	12	DATE CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S)	C			
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	0 11 7003	12	DATE CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S)	C			
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) OUPLICATE OF CLAIM-SYSTEM	C	50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	0 11 7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI				241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	7003	12	CLIENT NOT ELIGIBLE ON SERVICE CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	C	50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI	C	50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	7003	12	CLIENT NOT ELIGIBLE ON SERVICE CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE		50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI FIER COMMINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	C	50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) OUPLICATE OF CLAIM-SYSTEM FROCEBURE CODE, PROCEBURE/MODI FIER COMBINATION OR PROCEBURE CODE/TYPE OF SERVICE COMBINATI SEVERE DUPLICATE: SAME ATTD PR		50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI SEVERE DUPLICATE: SAME ATTO PR GV/PCODE/TOS/DOS/MOD		50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) OUPLICATE OF CLAIM-SYSTEM FROCEBURE CODE, PROCEBURE/MODI FIER COMBINATION OR PROCEBURE CODE/TYPE OF SERVICE COMBINATI SEVERE DUPLICATE: SAME ATTD PR	C	50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM AN SERVICES	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI SEVERE DUPLICATE: SAME ATTO PR GV/PCODE/TOS/DOS/MOD		50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM AN SERVICES	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI SEVERE DUPLICATE: SAME ATTO PR GV/PCODE/TOS/DOS/MOD		50	291	241
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM AN SERVICES	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI SEVERE DUPLICATE: SAME ATTO PR GV/PCODE/TOS/DOS/MOD	C	110	291	243
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM AN SERVICES	7003	12	CLIENT NOT ELIGIBLE ON SERVICE DATE EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S) DUPLICATE OF CLAIM-SYSTEM PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI SEVERE DUPLICATE: SAME ATTO PR GV/PCODE/TOS/DOS/MOD		50	291	241

PROVIDER		HTON DENITAT	WHENTED OF				TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER MANE				DENTALS	DENTALS	FINALIZED	FAID
3404919	GUILFORD CO MEN	8599	300	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC		-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	200	DUPLICATE OF CLAIM-SYSTEM	112	764	12846	1208
			+					
		8931	89	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920	27.3W3W0D 03.0WD7	8599	852	DETAIL NOT COVERED BY COMBINAT				
	ALAMANCE CASWEL L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	220	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	111	1537	8096	655
		21	148	DUPLICATE OF CLAIM-SYSTEM				
	+				1			-
3404921	ORANGE PERSON C	21	309	DUPLICATE OF CLAIM-SYSTEM				
	HATHAM AREA		<u> </u>					
		8535	282	SERVICE FACILITY LOCATION WAS			4046	400
		0000	202	NOT INCLUDED IN YOUR 837.	3	656	1916	126
				PLEASE RESUBMIT YOUR CLAIM WIT				
		5312	15	PRIOR AUTHORIZED DOLLARS EXCEE				
				DED				
3404922	THE DURHAM CENT	8329	69	CLAIM DENIED ATTENDING PROVIDE				
	ER			R CANNOT BE THE SAME AS				
				THE LMA				
		0	0		0	69	73	
					0	69	//3	
3404923	FIVE COUNTY MH	8599	19	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
			+	BENEFII FACAGE.				
		143	7	CLIENT ID NUMBER NOT ON STATE	0	34	636	60
				ELIGIBILITY FILE		-		
		21	7	DUPLICATE OF CLAIM-SYSTEM				
			-					
3404925	SANDHILLS CENTE	11	330	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	R FOR MH/DD		-	DATE				
		8599	104	DETAIL NOT COVERED BY COMBINAT	25	610	5469	485
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	31	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404926		8535	1383	SERVICE FACILITY LOCATION WAS	1			
3404926	SOUTHEASTERN RE	5555	2303	NOT INCLUDED IN YOUR 837.	1			
	G MENTAL HL			PLEASE RESUBMIT YOUR CLAIM WIT				
			<u> </u>					
		8599	436	DETAIL NOT COVERED BY COMBINAT	658	3340	6658	331
	-	1	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
	+	1	1	- A MANAGEMENT	1			
	1	8931	435	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404927		11	22	CLIENT NOT ELIGIBLE ON SERVICE	1			
/2/	CUMBERLAND CO M HC	1		DATE	1			
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE	2	24	32	
	l .			RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		muo	moma.	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	LAUVIDER NAME				DENIND	PPHILIPP	* *************************************	EVID
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
								-
		0	0		0	0	0	1
						Ü	Ü	
3404930	JOHNSTON COUNTY	8931	99	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		8599	66	DETAIL NOT COVERED BY COMBINAT	143	262	3034	277
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	31	ASTNC INELIGIBLE TO RECEIVE SE				-
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	8599	1093	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	BILLING OF			BENEFIT PACKAGE.				-
		21	156	DUPLICATE OF CLAIM-SYSTEM	52	1607	9584	797
								ļ
		 						+
		8621	78	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404932		0	0	*** NO DATA TO REPORT ***				_
3404932	RANDOLPH/SANDHI LLS CO MH C			NO DATA TO REPORT				-
	EES CO MA C							
		0	0		0	0	0	(
3404933	SOUTHEASTERN CT	8599	34	DETAIL NOT COVERED BY COMBINAT				-
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				
		11	25	OLIDAR NOR BLICIPLE ON CERTIFOR				
		11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE	4	70	1874	1804
				MARKE .				-
		669	4	OTHER DIAGNOSIS CODE 3 IS INVA				
				LID				
3404934	ONSLOW CARTERET	8535	60	SERVICE FACILITY LOCATION WAS				-
	BEHAV HEAL			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	23	DETAIL NOT COVERED BY COMBINAT				
		0333		ION OF RECIPIENT, PROVIDER AND	0	94	232	138
				BENEFIT PACKAGE.				
		143	6	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				1
		1		EDIGIDILITI FILE				
		1						
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				<u> </u>
	HEALTH CTR							
		1						!
		0	0			^		
		 			0	U	0	
3404936	WILSON-GREENE M	8599	144	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				<u> </u>
		1		BENEFIT PACKAGE.				-
		8931	62	AMTNC INELIGIBLE TO RECEIVE SE	64	265	1888	1623
				RVICES IN IPRS.			2300	
		11	45	CLIENT NOT ELIGIBLE ON SERVICE				!
		**		CLIENT NOT ELIGIBLE ON SERVICE DATE				+
		+						
3404937	EDGECOMBE NASH	21	64	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							1
		1						
	+	8599	1	DETAIL NOT COVERED BY COMBINAT	0	65	66	
		1		ION OF RECIPIENT, PROVIDER AND	0	65	66	
				BENEFIT PACKAGE.				†
		1						

Marie No. Marie Name Marie No. Mar	NUMBER PROVIDER NO 3404938 VGFW DBA RI	ME EOBS		DESCRIPTION			CLAIMS	CLAIMS
March Marc	NUMBER PROVIDER NA 3404938 VGFW DBA RI	ME EOBS		DESCRIPTION				
14 15 15 15 15 15 15 15	3404938 VGFW DBA RI	VALUE OF THE PROPERTY OF THE P			DENTALS	DENTALS	FINALIZED	PAID
Control	VOLH DESI ICE							
New Column	VOLH DESI ICE	ene 0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE	EKS						
AND SOUTH								
APPLICATION	+							
APPLICATION		0	0		0	0	0	0
APPLICATION					0			
APPLICATION								
100 100	3404939 NEIISE MENTA	не 8599	18	DETAIL NOT COVERED BY COMBINAT				
		ne						
1	ALIN CENTER							
1								
1		21	13	DUPLICATE OF CLAIM-SYSTEM	0	22	6.47	616
AND STATE OF MATERIAL PARTY OF MATERIAL PROPERTY OF STATE OF STA	+				U	32	347	313
AND STATE OF MATERIAL PARTY OF MATERIAL PROPERTY OF STATE OF STA								
AND STATE OF MATERIAL PARTY OF MATERIAL PROPERTY OF STATE OF STA								
AND STATE OF MATERIAL PARTY OF MATERIAL PROPERTY OF STATE OF STA	+	11	1	CLIENT NOT ELIGIBLE ON SERVICE				
140441			-					
MICHAEL MICH				2012.20				
MICHAEL MICH								
MICHAEL MICH	2404941	. 11	2	CLIPME NOW PLICIBLE ON CEDUTCE				
1997 1997		D/S 11	2					
ORAN REPOYCE 1579 157 1574 157 1574 1	AS CENTER			2012.20				
ORAN REPOYCE 1579 157 1574 157 1574 1								
ORAN REPOYCE 1579 157 1574 157 1574 1		0	0	+				1
ORAN REPOYCE 1579 157 1574 157 1574 1		ĭ	-	+	0	2	2	0
STATE AND ADDRESS AND ADDRES	 						 	
STATE AND ADDRESS AND ADDRES	3404942	8522	82	SHRMITTED RILLING DROWINGS TO				1
SEPTIME SEPT		ANH 0032	0.4				 	
1529 1520	UMAN SERVIC						<u> </u>	
100 100				SERVICE BILLED			<u> </u>	
100 100		0577						
		8599	69		20	176	1303	1127
15 NUMBER 15 NUMBER 17 NUMBER								
ALEBNALE MENTA 559 31				BENEFIT PACKAGE.				
ALEBNALE MENTA 559 31								
ACCOUNTS		8931	15					
SHEATH CE SOURCE MESTER AND				RVICES IN IPRS.				
SHEATH CE SOURCE MESTER AND								
SHEATH CE SOURCE MESTER AND								
SAGRETT PACKAGE, 1	3404943 ALBEMARLE M	NTA 8599	91					
1	L HEALTH CE							
				BENEFIT PACKAGE.				
		5404	14		11	130	429	299
NYICES IN 1878.				OV/PCODE/TOS/DOS/MOD				
NYICES IN 1878.								
NYICES IN 1878.								
3404944 EASTPOINTE MEMA 21 276 DEPLICATE OF CLAIM-SYSTEM 21 276 DEPLICATE OF CLAIM-SYSTEM 22 229 8599 61 CETAIL NOT COVERED BY COMBINAT 27 455 3694 3229 1 ION OF RECIPIENT, PROVIDER AND 2 2 3299 8 PATENT PACKAGE. 2 2 3 3 3 3 3 3 3 4 3 3 4 3 3 4 3 3 4 3 3 4 3		8931	6	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
N SERVICES	3404944 FASTROINTE	тма 21	276	DUPLICATE OF CLAIM-SYSTEM				
		0741						
100 OF RECIPIENT, PROVIDER AND 1	N SERVICES							
100 OF RECIPIENT, PROVIDER AND 1								
100 OF RECIPIENT, PROVIDER AND 1		8599	61	DETAIL NOT COVERED BY COMBINAT	0.7	4	2001	2000
REMETIT PACKAGE. 191 57 CLIENT ID NUMBER DOES NOT MATC R PATIENT NAME 192 1	 		-		27	455	3694	3239
191 57 CLIENT ID NUMBER DOES NOT MATC								
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### A PATENT NAME PATENT NAME		191	57	CLIENT ID NUMBER DOES NOT MATC				
3404946 FOOTHILLS AREAM 0 0 *** NO DATA TO REPORT *** ENTAL MEALT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
Sental Healt	 				1		1	
Sental Healt								
Sental Healt	3404946	0	0	*** NO DATA TO REPORT ***				
Severe Duplicate: Same atto pr	FOOTHIELS A	EAR -	-					
NEALTH CTR	ENTAL HEALT			+			-	-
NEALTH CTR				+			-	-
NEALTH CTR	<u> </u>	0	0				 	
NEALTH CTR		U	U		0	0	0	0
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3404979 NEW RIVER AREAM 8931 35 AMTNC INELIGIBLE TO RECEIVE SE 3404979 NEW RIVER AREAM 8931 35 AMTNC INELIGIBLE TO RECEIVE SE 3404979 NEW RIVER AREAM 8931 35 AMTNC INELIGIBLE TO RECEIVE SE 3404 DETAIL NOT COVERED BY COMBINAT 52 121 7769 7648 SEVENT ON OF RECIPIENT, PROVIDER AND 52 121 7769 7648 SEVENT ON OF RECIPIENT ON OF R		TAL 11	3					
N/DD/SA PRO RVICES IN IPRS. 8599 34 DETAIL NOT COVERED BY COMBINAT 52 121 7769 7648 10N OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 17 SEVERE DUPLICATE: SAME ATTD PR	HEALTH CTR			DATE				
N/DD/SA PRO RVICES IN IPRS. 8599 34 DETAIL NOT COVERED BY COMBINAT 52 121 7769 7648 10N OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 17 SEVERE DUPLICATE: SAME ATTD PR								
### N/DD/SA PRO RVICES IN IPRS. #### AVICES IN IPRS. ###################################								
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### N/DD/SA PRO RVICES IN IPRS. #### AVICES IN IPRS. ###################################								
### N/DD/SA PRO RVICES IN IPRS. #### AVICES IN IPRS. ###################################								
B/DD/SA PRO	3404979 NEW RIVER A	EAM 8931	35	AMTNC INELIGIBLE TO RECEIVE SE				
8599 34 DETAIL NOT COVERED BY COMBINAT 52 121 7769 7648 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 17 SEVERE DUPLICATE: SAME ATTO PR				RVICES IN IPRS.				
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 17 SEVERE DUPLICATE: SAME ATTO PR								
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 17 SEVERE DUPLICATE: SAME ATTO PR								
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 17 SEVERE DUPLICATE: SAME ATTO PR		8599	34	DETAIL NOT COVERED BY COMBINAT	5.0	191	7769	7649
SA04 17 SEVERE DUPLICATE: SAME ATTD PR		<u> </u>	_		32	121	7.03	, 540
5404 17 SEVERE DUPLICATE: SAME ATTO PR					1	1	1	1
				BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		5404	17					